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Company: USPTO TC3600

From: Wendy W. Koba

Attention: GAU 3653

Pages Including Cover Sheet 4

Fax No.: 703-872-9326

Date: 7/21/03

Re: Serial No. 10/076,920

☒ Urgent ☐ Please review ☐ Please Comment ☐ Please Reply ☐ For your information

Case Name: Deliwala 53168-500301D3

Serial Number: 10/076,920

Filing Date: February 15, 2002

Group Art Unit: 3653

Examiner: Not yet assigned

Title: Integrated Optical/Electronic Circuits and Associated Methods of Simultaneous Generation Thereof

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Attached please find the following document:

1. Transmittal Form (1 page)
2. Certificate of Facsimile Transmsslon under 37 CFR 1.8 (1 page)
3. Associate Power of Attorney and Change of Correspondence Address (1 page)

JUL 22 2003

GROUP 3600

Respectfully submitted,



Wendy W. Koba, Esq.

PTO/SB/21 (05-03)

Approved for use through 04/30/2003 OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/076,920
	Filing Date	2/15/02
	First Named Inventor	Deliwala
	Art Unit	3653
	Examiner Name	Not yet assigned
Total Number of Pages in This Submission	Attorney Docket Number	53168-5003-01-D3

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Cert. of transmission under 37 CFR 1.8 2. Fax cover sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wendy W. Koba
Signature	Wendy W. Koba
Date	7/21/03

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